

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name SAN JOSE POLICE DEPARTMENT		Date Stamp San Jose CA 95131	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) SGT. MARIO BRASIL		2015 DEC 22 - A 10:19	
Designated Agency Contact (Name, Title) BUREAU OF FIELD OPERATIONS DOWNTOWN SERVICES UNIT		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 408-718-0967	E-mail 3513@SANTOSECA.GOV		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐

Event Description **SAN JOSE SHARKS GAME**
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass \$ **222**

Date(s) **11, 3, 15**

If no: **SAN JOSE ARENA AUTHORITY**
Name of Source

If yes: **SGT. MARIO BRASIL**
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.


A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
SAN JOSE POLICE DEPT	24	REWARDS FOR SPECIFIC OUTSTANDING
DOWNTOWN SERVICES (DSU) UNIT		WORK DONE BY (DSU)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: 
 Print Name: **MARIO BRASIL**
 Title: **SERGEANT**
 Date: **11/16/15**

Comment: _____